



City of Weston
PO Box 248
Weston TX 75097

ZONING/REZONING APPLICATION

PLEASE PRINT

APPLICANT NAME _____
PROPERTY OWNER (IF DIFFERENT) _____
MAILING ADDRESS _____
PHYSICAL ADDRESS _____
EMAIL _____ PHONE _____

PROPERTY LEGAL DESCRIPTION
(METES & BOUNDS)

ZONING REQUEST

Agriculture	Residential	Subdivision
Commercial	Retail	Light Industrial
		Industrial

FUTURE USE OF PROPERTY
(IF OTHER THAN AGRICULTURAL OR
RESIDENTIAL)

This form must be submitted along with a to-scale drawing of the project and zoning fees in the amount of \$750 (check made payable to City of Weston).

With this signature I certify that all information on this application is true and correct

Signature

Date

A minimum of 45 days is required to process this application. This timeframe includes a state mandated timeframe for newspaper and surrounding resident notification and a public hearing.